

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
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**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### SIGN LANGUAGE INTERPRETER

#### REQUEST FOR VERIFICATION OF CERTIFICATION OF WITA CERTIFICATION LEVEL

**APPLICANT:** Complete this section and submit to the Wisconsin Interpreting and Transliterating Assessment (WITA) for completion at: Wisconsin Interpreting and Transliterating Assessment (WITA), 1 West Wilson Street, Room 558, Madison, WI 53707-7851, (608) 319-1249, (608) 437-5828 – Voice, (888) 241-9428 – TTY. Form must be returned directly from WITA to the Department at the above address.

<b>Last</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address:</b> (number, street, city, zip code) <input type="text"/>			
<b>Daytime Phone Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		<b>Date of Birth:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Name on Certification Records:</b> (if different from above) <input type="text"/>			
<b>Level of Certification:</b> <input type="text"/>			
<b>Month/Year of Certification:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		<b>Expiration of Certification:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<b>Social Security #:</b> (voluntary-for WITA's use in locating your records)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/>			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Applicant Signature</b>			<b>Date</b>

**WISCONSIN INTERPRETING AND TRANSLITERATING ASSESSMENT (WITA):** Please submit evidence that the individual named above has successfully completed certification requirements for Sign Language Interpreter Certification at a level 2 or higher in both Interpreting and Transliterating and return directly to DSPPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [DSPPSignLanguageInterpreters@wisconsin.gov](mailto:DSPPSignLanguageInterpreters@wisconsin.gov).